

Child and Family Services Update

July 2005

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Director's Message

By Richard Anderson



Child and Family Assessment: The Core of Child Welfare Practices

After hearing and agreeing with your concerns about the **Functional Assessment**, I decided this past month to personally see what I could do to help us out of the confusion and lower performance on this part of our Model. First of all, from your suggestions, we have now changed the name to **Child and Family Assessment**. Thanks for letting us know that this was a better descriptor as a title for this process. I have recently presented concepts and discussed some practices on assessment with all but one region. I will be in that region the week of July 25. Either those I presented to were being extremely kind to me or they honestly felt that I had something to offer that helped in understanding and making the Child and Family Assessment more useful. So, I wanted to send this message to you as a brief overview and reminder of what I have offered regarding assessment. This does not change what we have already had in training or what is expected in assessment. This is merely another way of looking at assessment and getting more meaning out of the process.

I have great respect for what all of you do each day. You are the experts. You continually work to enhance your skills in our Practice Model and effectively apply those skills while operating from a value base established in our Practice Principles. So, it always seems presumptive for me to offer suggestions. I still can't help myself. I just like what we are doing so much I continue to study our work and look for more information that can help us. Now, before reading this short article, you may want to look at the attachment ([click here](#)) to have a visual display of what I am saying. (Thanks to Bonnie Seals and Elaine Boren-Hess for sending me the original diagram after my presentation in the Price Office).

Families are continually trying to balance their lives from external pressures (outside the person) and internal pressures (inside the person). I have used the visual of a teeter-totter to show this balancing. (See diagram below). Families work on balancing through the use of internal and external resources (strengths). If we use this concept of balancing, it may be easier to discover real needs (absence of needed resources) and strengths (already available resources). The **"big picture"** emerges when we see this balancing. We must ask a few questions: What happened in the past that kept the family in balance? Have they ever been balanced? What causes the current imbalance? and What in this imbalance between external and internal stressors creates abuse or neglect of the children in the family? The **"big picture"** is, for all of us, the big balancing act of family living. The **"big picture"** for the family is a wide-angle view of what is going on in this balancing act. For our mission, we must pare down the **"big picture"** to the **safety, permanence (stability) and well-being picture**. What needs to happen to have this family balanced in their external and internal lives to be willing and capable of providing those three necessary components for their children?

The assessment needs to answer these questions: What is happening in key aspects of this family's life that creates balance between their external and internal pressures? Where in the life of the family is the absence of parenting or resources that causes the children to be unsafe? How did the family become out of balance on these issues? Were they ever once in balance? What causes the imbalance? (Go to underlying unmet needs or causes, especially to discover the internal pressures.) What will be needed to create balance? Will it be possible to create the needed balance in the time necessary for the children to receive what they need? The answers should bring out true needs and potential resources.

The Child and Family Team is brought together, at first, to begin the assessment to get the **"big picture"**. This is why we need the informal supports as part of our team. They have known the family a lot longer than us and have the information the team needs to help the children and family. This is why it is so critical to identify these team participants upfront. The team then moves to create **the safety, permanence and well-being picture**, along with the **long-term view** (what will be happening when the family is balanced around SP&WB and away from our services). The CFT then reviews the key areas of imbalance that manifest areas of needs and matches needs to resources. Matching needs to resources develops the core of the Child and Family Plan. Resources are the services to be employed to meet the identified needs that will lead to SP&WB for the children. Needing mental health services is not a "need". Mental health services are delivered to meet a need to prevent or stop internal pressures such as, mental illness, self-destructiveness, and so on. The tight fit of the plan to "this child and this family" comes from having the needs and resources come forth out of the full assessing of "this child and this family". And that is our Model in a "nutshell", so to speak. We are moving from the teeter-totter of imbalance to provide a foundation that is not as tenuous around safety, permanence and well-being.

Development



National Child Traumatic Stress Network

By Reba Nissen, Professional Development Team

Many children we work with have experienced trauma in their young lives. The trauma may be from abuse and neglect, or separation from parents and siblings.

“Treatment centers from all over the United States have come together to form a new coalition, the National Child Traumatic Stress Network (NCTSN). The Network, which is currently comprised of 54 centers, is being funded by the [Center for Mental Health Services, Substance Abuse and Mental Health Services Administration](#), US Department of Health and Human Services through a Congressional initiative, the [Donald J. Cohen National Child Traumatic Stress Initiative](#). This Congressional initiative recognizes the profound, destructive, and widespread impact of trauma on American children's lives. Its purpose is to improve the quality, effectiveness, provision, and availability of therapeutic services delivered to all children and adolescents experiencing traumatic events. The Network will develop and disseminate effective, evidence-based treatments; collect data for systematic study; and help to educate professionals and the public about the effects of trauma on children.”

For helpful information, visit the NCTSN site at:
http://www.nctsn.org/nccts/nav.do?pid=hom_main

There, you'll find information including **NCTSN Tip Sheets** related to [Talking to Children about War and Terrorism](#) and [Tips for Families on Anticipating Anniversary Reactions to Traumatic Events](#)

You'll also find **Child Trauma Information** [For Parents](#) and Teachers, [Complex Trauma in the National Child Traumatic Stress Network](#), [Facts on Traumatic Stress and Children with Developmental Disabilities](#), [Facts on Trauma and Deaf Children](#), and [Medical Traumatic Stress: Working with Ill and Injured Children](#)

The NCTSN website includes General PTSD Information in English and in Spanish:
[A REAL ILLNESS: Post-traumatic Stress Disorder \(PTSD\)](#).

This is an easy to read booklet on Post-Traumatic Stress Disorder developed by the National Institute of Mental health (NIMH,) that explains what it is, when it starts, how long it lasts, and how to get help. Includes a self-test.

There is also a helpful **NCTSN Family Preparedness Plan and NCTSN Family Wallet Card** in the following languages: [Armenian](#), [English](#), [Korean](#), [Russian](#), [Spanish](#), and [Vietnamese](#)



Methamphetamine Epidemic

By Reba Nissen, Professional Development Team

Finally, members of congress are more focused on what we already know--methamphetamine use in this country is on the rise, and with it, families are in jeopardy. The two links below talk about the growing crisis and what counties and states are doing...

The Methamphetamine Epidemic:

<http://www.npr.org/templates/story/story.php?storyId=4726336>

This National Public Radio site provides information about the growing crisis caused by methamphetamine, which is being faced by both law enforcement and child welfare in many states. In addition, it links to a study from the National Association of Counties on the effects this drug's manufacture and use is having on children. The New York Times also published an article on this subject on July 11:

<http://www.nytimes.com/2005/07/11/national/11meth.html?>

Cultural Responsiveness

ICWA Compliance in South Dakota

By Savania Tsosie

In a joint planning meeting held in May for our Federal Program Improvement Plan (PIP), Floyd Wyasket shared an article that was printed in the newspaper Indian Country Today. The article was entitled, "South Dakota needs work to comply with ICWA." Floyd gave us an A- grade and stated that we are doing well, but still need to work toward an A+. He also acknowledged that Richard and Judge Thorne as two people who are making a difference in child welfare. You may find this article by going to

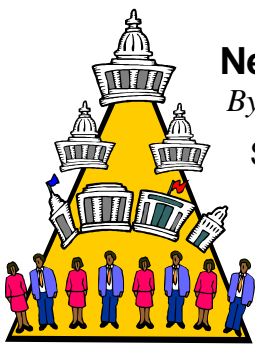
<http://www.indiancountry.com/content.cfm?id=1096410725>.



I would also like to share with you the website that provides the information regarding the two reports that came about due to ICWA non-compliance in South Dakota. The first report is the, "Indian Child Welfare Act Commission Report," and the second one is, "An Analysis of Compliance with the Indian Child Welfare Act in South Dakota." Go to <http://www.state.sd.us/oia/icwa.asp>, and once on the web page, scroll down to the bottom and you will find the two documents.

I appreciate your time and hope the article and documents will provide additional insight into ICWA. Floyd is right, we are doing good, and I thank you for working beside me.

Organizational Competence



New Notice on Custody History in SAFE

By Navina Forsythe, Jay Davis, and Linda O'Brien

SAFE began showing SCF cases in 1996 and became the system of record for SCF in November 1999. Recently, historical custody information from USSDS (foster care module) for the years 1980 to 1996 was loaded into SAFE. Because the custody information in USSDS is formatted differently, SAFE doesn't display the information. In order to ensure workers are informed of these prior episodes, a new notice will be added

to SAFE. The notice will show up as "#86 - Historical Custody Case in USSDS." This notice is to alert the primary worker on an open CPS or SCF case (when a child has been removed and placed in an initial finalized placement) that additional custody history exists in USSDS. At the time of the notice, SAFE will also write the following text to an SCF activity recording, "SAFE has identified that this child has a historical custody record located in USSDS."

To view the historical custody date information you can look the child up in the Mainframe Client tab in SAFE directory using the HLCI (a.k.a., Client ID or 0 number). Click on search. It will bring up the child and should show a "Y" in the USSDS column. Highlight the child and click on the USSDS button on the bottom. It will pull up limited USSDS history. Look for the rows where service is "SCF." The start and end dates will be the custody dates. (Note that in USSDS, SCF was the same as our custody/removal records in SAFE. Whenever a child was removed, even for a short-term protective custody placement, a custody record was created in the SCF module in USSDS.)

If you want more information regarding old custody episodes, you can view custody/placement history (USSDS Screen FC05) in USSDS. You can also view old home-based history (USSDS Screen HB06) and payment history (USSDS Screen PP07) in USSDS. Ask your senior assistant caseworkers who have provider or payment access in USSDS to review or pull this information for you. You may want to do this, for instance, to find out who the prior provider was and see if they can go back to the same provider. If assistance is needed to access the USSDS history, contact Linda O'Brien or Linda Prince.



Our Practice Guidelines

By Carol Miller, Program Support Specialist

We wanted to let you know about our new process for publishing practice guidelines. It is our plan to publish practice guidelines on a quarterly basis, with all changes highlighted on the table of contents page and within the sections themselves. We will send out practice alerts to notify you of these updated guidelines. When the need arises for emergency changes, we will out practice alerts to all staff and let you know of these changes too.

All of our guidelines can be found on our website at <http://www.hspolicy.utah.gov/dcfs/>. Our next release is scheduled for September 2005. If you have any suggestions, comments, or ideas about how to make our practice guidelines more useful for you, please let me know. I can be reached by phone at 801-538-4451, or by email at CAROLMILLER@utah.gov.

Professional Competence

The 10th Annual Child Welfare Institute

By Reba Nissen, Professional Development Team

Our annual Child Welfare Institute has been scheduled for September 26 through 29, 2005, to be held at the Provo Marriott. Again this year, it will be held in conjunction with our annual Indian Child Welfare Conference. For more information on workshops, [click here](#). See you there!

